

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE:    ☐ IXC            ☐ CLEC            ☐ ILEC            ☐ Wireless

**CERTIFICATED COMPANY INFORMATION**

Company Name	FEIN/SSN
Dbafka	Telephone #
Mailing Address	
City, State, Zip Code	
Business Location	
City, State, Zip Code	County

**REGISTERED AGENT INFORMATION**

Registered Agent:
Mailing Address:
City, State, Zip Code:

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A.	<b>General Manager</b> (Include address if different than above.)
	_____/_____/_____
	Telephone Number                      Facsimile Number                      E-mail Address
B.	<b>Customer Relations /Complaints Representative</b> (Include address if different than above.)
	_____/_____/_____
	Telephone Number                      Facsimile Number                      E-mail Address
C1.	<b>Customer Relations/Complaints Representative for Escalated Complaints</b> (Include address if different than above.)
	_____/_____/_____
	Telephone Number                      Facsimile Number                      E-mail Address
C2.	<b>Customer Contact (Toll Free Number)</b>
	_____
D.	<b>Engineering Operations</b> (Include address if different than above.)
	_____/_____/_____
	Telephone Number                      Facsimile Number                      E-mail Address

E.

**Test and Repair** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

F.

**Emergencies** (During non-office hours)

Telephone Number

Facsimile Number

E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G.

**Regulatory Officer** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

H.

**Dual Party Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

I.

**Interim LEC Fund Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

J.

**Universal Service Fund Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

K.

**Gross Receipts Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

This form was completed by (print name)

Signature

Title

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

(Rev. PSC 03/2009)